

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 69	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Issa for Congress**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN PARTY OF SAN DIEGO COUNTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 15 / 2012</b>
Mailing Address <b>5173 WARING ROAD #447</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : EXPB15467</b>
City <b>SAN DIEGO</b> State <b>CA</b> Zip Code <b>92120</b>	Purpose of Disbursement Contribution - Surplus Funds <b>011</b>	
Candidate Name <b>REPUBLICAN PARTY OF SAN DIEGO COUNTY</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. CALIFORNIA REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2012</b>
Mailing Address <b>1903 W MAGNOLIA BLVD</b>		Amount of Each Disbursement this Period <b>350.00</b> <b>Transaction ID : EXPB15646</b>
City <b>BURBANK</b> State <b>CA</b> Zip Code <b>91506</b>	Purpose of Disbursement Contribution - Surplus Funds <b>011</b>	
Candidate Name <b>CALIFORNIA REPUBLICAN PARTY</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2850.00</b>